FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90554 017 ****55.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000008343

1. Entity Name
SAICI, LLC

Principal Place of Business	Mailing Address
19 N. OLD KINGS RD., SUITE C 101 PALM COAST, FL 32137	19 N. OLD KINGS RD., SUITE C 101 PALM COAST, FL 32137

03222004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1 Florida Park Dr. North	1 Florida Park Dr. North
Suite, Apt. #, etc. 109-110	Suite, Apt. #, etc. 109-110
City & State Palm Coast, Florida	City & State Palm Coast, Florida
Zip 32137 Country	Zip 32137 Country

4. FEI Number 02-0592460 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INDEST, GEORGE F III ESQ C/O GEORGE F. INDEST III, P.A. 220 E. CENTRAL PARKWAY, SUITE 2030 ALTAMONTE SPRINGS, FL 32701	Name OLGA POSTERNAK HOCHMAN Street Address (P.O. Box Number is Not Acceptable) 1103 ROYAL TROON LN. City St. Augustin FL Zip Code 32806

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] - President 3/24/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM POSTERNAK, OLGA 19 NORTH OLD KINGS, RD, #C 101 PALM COAST, FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Posternak, Olga 1 Florida Park Dr. N. 109-110 Palm Coast, FL 32137	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HOCHMAN, VICTOR 19 NORTH OLD KING RD, C 101 PALM COAST, FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Hochman Victor 1 Florida Park Dr. N 109-110 Palm Coast, FL 32137	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] - President 3/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #